



Financial Help for Treatment of Kidney Failure

Before the development of dialysis and transplantation in the 1950s and 60s, having permanent kidney failure, also called end-stage renal disease (ESRD), was a death sentence. While life-saving, these treatment methods are expensive, and few people can afford them without assistance.

In 1972, Congress passed legislation making people of any age with permanent kidney failure eligible for Medicare, a program that helps people age 65 or older and people with disabilities pay for medical care, usually up to 80 percent. The remaining 20 percent can still pose a significant financial burden on patients. Fortunately, other public and private resources can help. Anyone with permanent kidney failure who does not have adequate insurance coverage should seek the help of a certified or licensed social worker. Every dialysis and transplant center has a social worker who can help people with kidney failure locate and apply for financial assistance. Social workers who specialize in helping kidney patients are called nephrology social workers.

Patients can also enlist the assistance of the State Health Insurance Assistance Program (SHIP). The SHIP is a national program that provides free counseling and assistance to Medicare beneficiaries on a wide range of Medicare and supplemental insurance matters. Patients can find a state program by visiting www.shipusa.org.

Medicare

To qualify for Medicare on the basis of kidney failure, a person must

- require regular dialysis

or

- have had a Medicare-covered kidney transplant

and must

- have paid into Social Security through an employer—or be the child or spouse of someone who has

or

- have worked under the Railroad Retirement Board, or as a government employee—or be the child or spouse of someone who has

or

- already be receiving Social Security, Railroad Retirement, or Office of Personnel Management benefits.

The Original Medicare Plan has two parts: Part A is hospital insurance, and Part B is medical insurance. Part B covers most outpatient services, including kidney dialysis, doctors' services, outpatient hospital services, and many other health services and supplies. While Part A has no premiums, most Part B services require premiums, deductibles, and coinsurance.



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AND KIDNEY DISEASES

National Kidney and Urologic Diseases
Information Clearinghouse

Some people who are not eligible for Medicare because they have not worked at a job that pays into Social Security may still be eligible to buy Medicare coverage by paying premiums for Part A.

Starting in the late 1990s, Medicare gave recipients the option to choose a plan managed by a private insurance company that functions like a health maintenance organization (HMO) or a preferred provider organization (PPO). These plans are called Medicare Advantage, or Part C, plans. In most areas of the United States, Medicare recipients with kidney failure are not eligible for the Medicare Advantage option, unless they participated in Medicare Advantage prior to kidney failure. However, a few programs, called Medicare Special Needs plans, offer coverage designed specifically for people with kidney failure. Patients should contact Medicare at 1-800-MEDICARE (1-800-633-4227) to learn about possible programs in their area.

In 2006, Medicare added Part D, prescription drug coverage. People with permanent kidney failure are eligible but not required to enroll in Part D. When enrolling in Part D, a person chooses from a list of available plans in that person's region. People who have employer group health plans that include prescription coverage should ask their employer whether enrolling in Part D will have any negative impact on their medical coverage. Some private plans will drop anyone who elects a Part D plan. A patient's existing prescription coverage with an employer group plan may be as good as or better than a Part D plan. Employers and unions that provide prescription drug coverage must notify Medicare enrollees each year about how their current coverage compares to Medicare's basic prescription drug coverage. This information may come in a letter, in a notice from the group plan, or in a benefits handbook. People should use this information to help in deciding whether to join a Medicare drug plan. Beneficiaries should note that a penalty may apply if they don't join a Part D plan when they are first eligible, don't otherwise have prescription drug coverage, and then later decide to join a Medicare program. The amount of the penalty will depend on how long the beneficiary went without prescription drug coverage before joining a Part D plan.

A person may apply for Medicare when starting dialysis treatments. Medicare benefits then begin the third month after regular dialysis treatments begin. For example, if regular dialysis treatments begin in July, Medicare coverage would start on October 1. Coverage can begin earlier if a person takes self-care dialysis training for home hemodialysis or peritoneal dialysis before the third month or has a transplant within the first 3 months.

For a person covered by a group health plan, Medicare is a secondary payer during a 30-month coordination period. The group health plan pays at its regular level for this period. Since Medicare is usually not available in the first 3 months, the group health plan is the only payer for health services. In the fourth month, Medicare begins to cover only that portion of health services that is not covered by the group health plan. Medicare then becomes the primary payer for health insurance claims at the end of the 30-month period.

A person may wish to wait to enroll in Parts A and B until the end of the 30-month coordination period if the group health plan will pay for all health care expenses. In doing so, the person will avoid paying the Part B premium.

Enrolling in Parts A and B could help pay a yearly deductible or coinsurance payment required by some group health plans.

A person can enroll in Medicare at a local Social Security office listed in the blue pages in the phone directory. The nationwide toll-free number for Social Security is 1-800-772-1213, and that number can be used to schedule an appointment at a local office. More information about local Social Security offices is also available online at www.ssa.gov. Often, the social worker at a hospital or dialysis center can guide applicants through the enrollment process.

Private Insurance

Private insurance frequently pays for the entire cost of treatment. Or it may pay for the 20 percent Medicare doesn't cover. Private insurance may also pay for prescription drugs. People with kidney failure should read their private health insurance policy carefully to make sure it covers kidney failure treatment. They should talk with their insurance agent or company benefits counselor if they have any questions about their benefits. People who do not have private insurance can work with a social worker, nurse, or doctor to locate and apply for other sources of financial aid. SHIPs may also be a good resource.

State Disability and Employment Programs

Many state social services agencies will help with medical expenses. For people with kidney failure who want to work, many states have specific vocational rehabilitation programs to help people with disabilities train for and find a job. Local or regional offices of state government agencies are listed in the blue pages of the phone directory. Additionally, the New Freedom Initiative's online resource for people with disabilities at www.disabilityinfo.gov has a search tool to locate state and local resources. A social worker at a hospital or dialysis center can also guide patients to community resources for vocational rehabilitation.

Medicaid

Medicaid is a joint federal and state program that is primarily income based. The guidelines for the program vary by state. For people to receive Medicaid funds, the value of their assets and annual income must be below a certain level. Medicaid may pay for dialysis or transplantation if a person is not eligible for Medicare. In some states, Medicaid pays the 20 percent that Medicare doesn't cover. It may also pay for some medicines. Applications for Medicaid can be obtained by contacting a local human services or social services department. A nephrology social worker can provide guidance on how to apply.

State Children's Health Insurance Program (SCHIP)

The U.S. Department of Health and Human Services has established the SCHIP to help children without health insurance. SCHIP provides health coverage for children whose families earn too much to qualify for Medicaid but too little to afford private health insurance. Consumers can obtain information about the program by calling 1-877-KIDS-NOW (1-877-543-7669) or by checking www.insurekidsnow.gov.

U.S. Department of Veterans Affairs (VA) Benefits

The VA can help pay for treatment or provide other benefits for veterans. Veterans should contact their local VA office for more information or call 1-800-827-1000 to reach the national office. The number for health care benefits at the VA is 1-877-222-8387. People who are retired from the military may also call the U.S. Department of Defense at 1-800-538-9552.

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)

These benefits from the Social Security Administration (SSA) help with the costs of daily living. To receive SSDI, a person must be unable to work and have earned the required number of work credits.

SSI is available to disabled children and adults with limited income and resources. People who get SSI usually qualify for food stamps and Medicaid, too. Eligibility for SSDI and SSI is determined by the SSA office. Applications can be completed by contacting Social Security at 1-800-772-1213 or by visiting a local Social Security office. More information about SSDI and SSI is available online at www.ssa.gov.

People who qualify for SSI may also be eligible for the Ticket to Work and Self-Sufficiency program. The SSA sponsors this program to help people with disabilities, including permanent kidney failure, to

train for and find a job they can perform. Participants in the program receive a voucher that can be used to receive training or placement services at a state or federal employment agency. More information is available at www.yourtickettowork.com.

Patient Assistance Programs (PAPs) from Prescription Drug Companies

Medicare Part B pays for erythropoietin to treat anemia in kidney failure and for immunosuppressants to prevent rejection of a transplanted kidney. But Part B only covers 80 percent of immunosuppressant medicine costs, which can be \$2,000 a month. That means that a person who does not have additional prescription coverage will still owe \$400 a month for these medicines. And other self-administered drugs may not be covered by Medicare. Also, patients should note that Medicare eligibility typically ends 36 months after a kidney transplant is received unless the patient is otherwise eligible for Medicare.

People who have trouble paying for all the medications their doctor prescribes may qualify for assistance from private programs. Most drug manufacturers have PAPs that give discounts to people who can show they can't afford the cost of their prescribed medications. Nephrology social workers are well versed in assisting patients with the completion of these applications.

The Partnership for Prescription Assistance provides a website that directs patients, caregivers, and doctors to more than 275 public and private PAPs, including more than 150 programs offered by pharmaceutical companies. The website features an application wizard that helps a person determine which programs might be available. The web address is www.pparx.org. Medicare has also compiled information to help beneficiaries pay pharmaceutical expenses. Visit www.medicare.gov/bridging-the-gap.asp for more information or read *Bridging the Coverage Gap* at www.medicare.gov/publications.

NeedyMeds is a 501(c)(3) nonprofit organization that helps people find appropriate PAPs. The NeedyMeds website provides a directory of PAPs that can be searched by a drug's brand or generic name or

by a program or company name. Applications for these programs are usually available online. The web address is www.NeedyMeds.org.

Additional PAPs

The United Network for Organ Sharing (UNOS) offers a website called Transplant Living, which includes a section about financing a transplant. The web address is www.transplantliving.org/beforethetransplant/finance/finance.aspx. For more information about UNOS, see the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) booklet *Treatment Methods for Kidney Failure: Kidney Transplantation*.

Additional Reading

The following publication offers more information about financial assistance for kidney failure treatments:

Medicare Coverage of Kidney Dialysis and Kidney Transplant Services

Publication Number CMS-10128

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Internet: www.medicare.gov

Points to Remember

- In 1972, Congress passed legislation making people of any age with permanent kidney failure eligible for Medicare.
- People with kidney failure should read their private health insurance policy carefully to make sure it covers kidney failure treatment. They should talk with their insurance agent or company benefits counselor if they have any questions about their benefits.
- Anyone with permanent kidney failure who does not have adequate insurance coverage should seek the help of a certified or licensed social worker or a State Health Insurance Assistance Program (SHIP).

Hope through Research

The NIDDK's Division of Kidney, Urologic, and Hematologic Diseases supports several programs and studies devoted to improving treatment for people with progressive kidney disease and permanent kidney failure, including people on hemodialysis.

■ **The End-Stage Renal Disease Program** promotes research to reduce medical problems from bone, blood, nervous system, metabolic, gastrointestinal, cardiovascular, and endocrine abnormalities in kidney failure and to improve the effectiveness of dialysis and transplantation. The research focuses on reusing hemodialysis membranes and using alternative dialyzer sterilization methods; devising more efficient, biocompatible membranes; refining high-flux hemodialysis; and developing criteria for dialysis adequacy. The program also seeks to increase kidney graft and patient survival and to maximize quality of life.

■ **The U.S. Renal Data System (USRDS)** collects, analyzes, and distributes information about kidney failure in the United States. The USRDS is funded directly by the NIDDK in conjunction with the Centers for Medicare & Medicaid Services. The USRDS publishes an *Annual Data Report*, which characterizes the total population of people with kidney failure; reports on incidence, prevalence, mortality rates, and trends over time; and develops data on the effects of various treatment modalities. The report, available at www.usrds.org, also helps identify problems and opportunities for more focused special research on kidney issues.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit www.ClinicalTrials.gov.

For More Information

Council of Nephrology Social Workers of the National Kidney Foundation

30 East 33rd Street

New York, NY 10016-5337

Phone: 1-800-622-9010 x130

Fax: 212-689-9261

Email: maritzao@kidney.org

Internet: www.kidney.org/professionals/CNSW

American Association of Kidney Patients

3505 East Frontage Road, Suite 315

Tampa, FL 33607

Phone: 1-800-749-2257

Fax: 813-636-8122

Email: info@aakp.org

Internet: www.aakp.org

American Kidney Fund

6110 Executive Boulevard, Suite 1010

Rockville, MD 20852

Phone: 1-800-638-8299 or 301-881-3052

Fax: 301-881-0898

Email: helpline@akfinc.org

Internet: www.kidneyfund.org

Life Options Rehabilitation Program

c/o Medical Education Institute, Inc.

414 D'Onofrio Drive, Suite 200

Madison, WI 53719

Phone: 1-800-468-7777 or 608-232-2333

Email: lifeoptions@MEIresearch.org

Internet: www.lifeoptions.org

www.kidneyschool.org

National Kidney Foundation

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About the Kidney Failure Series

The NIDDK Kidney Failure Series includes booklets and fact sheets that can help the reader learn more about treatment methods for kidney failure, complications of dialysis, financial help for the treatment of kidney failure, and eating right on hemodialysis. Free single printed copies of this series can be obtained by contacting the National Kidney and Urologic Diseases Information Clearinghouse.

You may also find additional information about this topic by

- searching the NIDDK Reference Collection at www.catalog.niddk.nih.gov/resources
- visiting MedlinePlus at www.medlineplus.gov

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit www.fda.gov. Consult your doctor for more information.

National Kidney and Urologic Diseases Information Clearinghouse

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Internet: www.kidney.niddk.nih.gov

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1987, the Clearinghouse provides information about diseases of the kidneys and urologic system to people with kidney and urologic disorders and to their families, health care professionals, and the public. The NKUDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about kidney and urologic diseases.

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This fact sheet is also available at www.kidney.niddk.nih.gov.



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